#### 

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF INDIANA	-	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	TyLynn First name  Walters Middle name  Moore  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8332	

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	7227 Moeller Rd #142	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Allen County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Del	otor 1 TyLynn Walters M	oore			Case n	umber (if known)			
Par	t 2: Tell the Court About	Your Bankruptcy Ca	ise						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	Chapter 7							
		☐ Chapter 11							
		☐ Chapter 12							
		☐ Chapter 13							
8.	How you will pay the fee	about how yo	e entire fee when I file my pe ou may pay. Typically, if you a attorney is submitting your pa address	re paying	the fee yourself, y	you may pay with cash	n, cashier's check, or money		
		☐ I need to pay	y the fee in installments. If y		e this option, sign	and attach the Applica	ation for Individuals to Pay		
		ū	ee in Installments (Official For	,	t this option only if	var are filing for Char	stor 7. Dy law a judga may		
		but is not req applies to yo	at my fee be waived (You manuired to, waive your fee, and ur family size and you are unated to the work of the ware the Chapter 7 Filing to the water of the water 7 Filing to the water 7 Filing to the water 7 Filing to the water 7 Filing the water 1 Filing to the water 1 Filing	may do so able to pa	o only if your incor y the fee in installr	me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out		
	Harris Clad Co.								
9.	Have you filed for bankruptcy within the	□ No.							
	last 8 years?	Yes.							
		District	Northern District of Indiana	When	4/07/10	Case number	10-11496		
		District	Indiana	When		Case number			
		District		When		Case number			
				_					
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
		Debtor				Relationship to y	ou		
		District		_ When		Case number, if	known		
		Debtor				Relationship to y			
		District		_ When		Case number, if	known		
11.		■ No. Go to I	ine 12.						
	residence?	☐ Yes. Has yo	our landlord obtained an evicti	on judgm	ent against you?				
			No. Go to line 12.						
			Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.	t About ai	า Eviction Judgme	nt Against You (Form	101A) and file it as part of		

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Deb	otor 1 TyLynn Walters M	loore			Case number (if known)	
Par	t 3: Report About Any Bu	ısinesses	You Ow	n as a Sole Proprie	tor	
	Are you a sole proprietor of any full- or part-time business?	■ No.		Part 4.		
	business?	☐ Yes.	Nam	e and location of bus	siness	
	A sole proprietorship is a	□ res.	rtain	o and location of bac		
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, Sta	te & ZIP Code	
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:	
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appranes. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stater ions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proJ.S.C. 1116(1)(B).  I am not filing under Chapter 11.			
	For a definition of small	No.	Taili	not ming under onap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	y Hazard	ous Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?		
				, .,		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	is the property?		
	-				Number, Street, City, State & Zip Code	

Debtor 1 TyLynn Walters Moore

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 TyLynn Walters M	loore		Case number (if known)					
Par	t 6: Answer These Quest	ions for R	eporting Purposes						
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts a ersonal, family, or household purpose."	re defined in 11 U.S.C. § 101(8) as "incurred by an				
			□ No. Go to line 16b.						
			■ Yes. Go to line 17.  Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
		16b.							
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or b	ousiness debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapto	er 7. Go to line 18.					
	Do you estimate that after any exempt	■ Yes.		7. Do you estimate that after any exempavailable to distribute to unsecured cre	ot property is excluded and administrative expense editors?				
	property is excluded and administrative expenses		■ No						
	are paid that funds will be available for		□ Yes						
	distribution to unsecured creditors?								
18	How many Creditors do	<b>-</b>		П 4 000 5 000	Погом го ооо				
10.	you estimate that you	■ 1-49 □ 50-99		□ 1,000-5,000 □ 5001-10,000	□ 25,001-50,000 □ 50,001-100,000				
	owe?	☐ 100-1		10,001-25,000	☐ More than100,000				
		□ 200-9	99						
19.	How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million					
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million					
		<b>□</b> \$500,	001 - \$1 million	<b>Ξ</b> ψ100,000,001 - ψ300 mink	I More than 450 billion				
20.	How much do you	□ \$0 - \$	50,000	\$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million					
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million					
		<b>—</b> \$0000,							
Par	T7: Sign Below								
For	you	I have ex	camined this petition, and I de	leclare under penalty of perjury that the	e information provided is true and correct.				
					ligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.				
				d not pay or agree to pay someone wh the notice required by 11 U.S.C. § 342	o is not an attorney to help me fill out this (b).				
		I request	relief in accordance with the	e chapter of title 11, United States Cod	le, specified in this petition.				
			cy case can result in fines up		oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519				
		TyLynn	ynn Walters Moore  Nalters Moore e of Debtor 1	Signature of	Debtor 2				
		Executed	d on <b>June 27, 2018</b>	Executed on					
			MM / DD / YYYY		MM / DD / YYYY				

#### 

Debici 1 TyLynn waiters moore Case number (ir known)	Debtor 1 TyLynn Walters Moore	Case number (if known)
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Steven J. Glaser	Date	June 27, 2018
Signature of Attorney for Debtor	_	MM / DD / YYYY
Steven J. Glaser 15173-02		
Printed name		
Glaser & Ebbs		
Firm name		
132 E Berry St		
Fort Wayne, IN 46802		
Number, Street, City, State & ZIP Code		
Contact phone <b>260-424-0954</b>	Email address	
15173-02 IN		
Bar number & State		<del></del>

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Fill	in this inf	ormation to identify you	ur case:			
Deb	otor 1	TyLynn Walters	s Moore			
Date		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States	Bankruptcy Court for the	: NORTHERN DISTRIC	T OF INDIANA		
Cas (if kn	se number own)					if this is an
					amend	led filing
Of	ficial F	Form 106Sum				
			s and Liabilities a	and Certain Statistical Information	1	2/15
info	rmation. F	ill out all of your sched	ules first; then complete	le are filing together, both are equally responsible for the information on this form. If you are filing amend ck the box at the top of this page.		
Par	t 1: Sun	nmarize Your Assets				
					Your as Value of	sets f what you own
1.	Schedul 1a. Copy	e A/B: Property (Official line 55, Total real estate	Form 106A/B) , from Schedule A/B		\$	75,000.00
	1b. Copy	line 62, Total personal p	property, from Schedule A/B	3	\$	14,310.00
	1c. Copy	line 63, Total of all prope	erty on Schedule A/B		\$	89,310.00
Par	t 2: Sun	nmarize Your Liabilities	3			
					Your lia	bilities
						<b>bilities</b> you owe
2.			Claims Secured by Proper llumn A, Amount of claim, a	ty (Official Form 106D) It the bottom of the last page of Part 1 of <i>Schedule D</i>		
2.	2a. Copy	the total you listed in Co e E/F: Creditors Who Hav	olumn A, <i>Amount of claim,</i> a ve Unsecured Claims (Offici	it the bottom of the last page of Part 1 of Schedule D	Amount	you owe
	2a. Copy Schedule 3a. Copy	the total you listed in Co e E/F: Creditors Who Have the total claims from Pa	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai	it the bottom of the last page of Part 1 of Schedule D	Amount \$	you owe 86,016.00
	2a. Copy Schedule 3a. Copy	the total you listed in Co e E/F: Creditors Who Have the total claims from Pa	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai	it the bottom of the last page of Part 1 of Schedule D ial Form 106E/F) ms) from line 6e of Schedule E/F	\$\$\$	86,016.00 0.00
	2a. Copy Schedule 3a. Copy 3b. Copy	the total you listed in Co e E/F: Creditors Who Have the total claims from Pa	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai art 2 (nonpriority unsecured	ial Form 106E/F) ms) from line 6e of Schedule E/F	\$\$\$	900 owe 86,016.00 0.00 10,331.00
3.	2a. Copy  Schedule 3a. Copy  3b. Copy  t3: Sun  Schedule	the total you listed in Co e E/F: Creditors Who Have the total claims from Pa the total claims from Pa the total claims from Pa mmarize Your Income and	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai art 2 (nonpriority unsecured art 2 form 1061)	ial Form 106E/F) ms) from line 6e of Schedule E/F	\$\$\$	900 owe 86,016.00 0.00 10,331.00
3.	2a. Copy  Schedule 3a. Copy  3b. Copy  t3: Sun  Schedule Copy you  Schedule	the total you listed in Co e E/F: Creditors Who Have the total claims from Parthe I: Your Income (Official or combined monthly income J: Your Expenses (Office J: Your Expenses (Office	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai art 2 (nonpriority unsecured art 2 form 1061) ome from line 12 of Schedu cial Form 106J)	it the bottom of the last page of Part 1 of Schedule D ial Form 106E/F) ms) from line 6e of Schedule E/F claims) from line 6j of Schedule E/F  Your total liabilities	\$\$ \$\$	96,347.00
3. Part 4.	2a. Copy  Schedule 3a. Copy  3b. Copy  3b. Copy  Schedule Copy you  Schedule Copy you	the total you listed in Co e E/F: Creditors Who Have the total claims from Part the total claims from Part the total claims from Part the total claims from	olumn A, Amount of claim, a ve Unsecured Claims (Offici art 1 (priority unsecured clai art 2 (nonpriority unsecured art 2 form 1061) ome from line 12 of Schedu cial Form 106J)	ial Form 106E/F) ms) from line 6e of Schedule E/F claims) from line 6j of Schedule E/F  Your total liabilities	\$ \$ \$	96,347.00 2,851.08
3. Par 4. 5.	2a. Copy Schedule 3a. Copy 3b. Copy 3b. Copy  Schedule Copy you Schedule Copy you 4: Ans Are you	the total you listed in Co e E/F: Creditors Who Have the total claims from Partitle total claims from	olumn A, Amount of claim, a ve Unsecured Claims (Officiant 1 (priority unsecured claims at 2 (nonpriority unsecured mat 2 (nonpriori	ial Form 106E/F) ms) from line 6e of Schedule E/F claims) from line 6j of Schedule E/F  Your total liabilities	\$\$  \$\$	96,347.00 2,851.08 2,985.00
3. Par 4. 5.	2a. Copy  Schedule 3a. Copy  3b. Copy  3b. Copy  Schedule Copy you  Schedule Copy you  4: Ans  Are you  No.  Yes	the total you listed in Co e E/F: Creditors Who Have the total claims from Part the total claims from Part the total claims from Part the total claims from Part marize Your Income and e I: Your Income (Official our combined monthly income e J: Your Expenses (Official our monthly expenses from swer These Questions for filling for bankruptcy un You have nothing to report	olumn A, Amount of claim, a ve Unsecured Claims (Officiant 1 (priority unsecured claims at 2 (nonpriority unsecured mat 3 (nonpriority unsecured mat 3 (nonpriority unsecured mat 3 (nonpriority unsecured mat 3 (nonpriority unsecured mat 4 (nonpriori	ial Form 106E/F) ms) from line 6e of Schedule E/F claims) from line 6j of Schedule E/F  Your total liabilities	\$\$  \$\$	96,347.00 2,851.08 2,985.00
<ul><li>3.</li><li>Par</li><li>4.</li><li>5.</li><li>Par</li><li>6.</li></ul>	2a. Copy  Schedule 3a. Copy  3b. Copy  3b. Copy  Schedule Copy you  Schedule Copy you  Ans  Are you  No.  Yes  What kir	the total you listed in Co  E.E.F.: Creditors Who Have the total claims from Pa  the total claim	olumn A, Amount of claim, a ve Unsecured Claims (Officiant 1 (priority unsecured claims at 2 (nonpriority unsecured must 2 (no	ial Form 106E/F) ms) from line 6e of Schedule E/F claims) from line 6j of Schedule E/F  Your total liabilities	\$ \$  \$  \$  \$  \$  ur other sche	96,347.00  2,851.08 2,985.00  edules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 TyLynn Walters Moore

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,177.33

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Debto Debto (Spouse United	r 2 e, if filing)	TyLynn Walt First Name First Name ruptcy Court for	Middle Middle	Name	j:	Last Name				
Debto (Spouse	r 2 e, if filing) d States Banki	First Name First Name	Middle Middle			Lost Nama				
(Spouse	e, if filing) d States Bankı	First Name	Middle			Loot Nama				
(Spouse	e, if filing) d States Bankı			Name		Last Name				
_		ruptcy Court for	the: NORTHER			Last Name				
Case	number			N DIST	RICT OF IND	IANA				
						_				Check if this is an amended filing
		<u>n 106A/B</u>	-							
<u>Scr</u>	<u>nedule</u>	A/B: Pr	operty							12/15
Part 1:		ch Residence, Bı				wn or Have an Interest In				
ПΝ	lo. Go to Part 2.									
<b>■</b> Y	es. Where is th	e property?								
	1.1  932 E PAULDING RD  Street address, if available, or other description		ss, if available, or other description  Duplex or multi-unit building the am				the amount	of any secured	d clai	or exemptions. Put ms on <i>Schedule D:</i> acured by Property.
					Manufactured	d or mobile home	•			
F	Fort Wayne	IN	46816-0000		Land		Current va entire prop			rrent value of the rtion you own?
С	City	State	ZIP Code		Investment pr Timeshare	roperty	\$7	5,000.00		\$75,000.00
					Other					wnership interest by the entireties, or
				Who		t in the property? Check one	a life estate	e), if known.		
,	Allen			_	Debtor 1 only Debtor 2 only		WORTG	AGE		
_	County				Debtor 1 and		Chash	if this is som		****
						of the debtors and another	(see ins	if this is com tructions)	mun	ity property
					r information y erty identificati	ou wish to add about this it ion number:	em, such as lo	cal		
				3 BE	DROOMS,	2 BATHROOMS				
						from Part 1, including ar		=>		\$75,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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secured claims or exemptions. Put any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?  872.00 \$5,872.00  secured claims or exemptions. Put any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?  608.00 \$1,608.00
any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?  \$72.00 \$5,872.00  secured claims or exemptions. Put any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?
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Have Claims Secured by Property.  of the portion you own?  S72.00 \$5,872.00  secured claims or exemptions. Put any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?
cof the portion you own?  S72.00 \$5,872.00  Secured claims or exemptions. Put any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?
secured claims or exemptions. Put any secured claims or Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?
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any secured claims on Schedule D: Have Claims Secured by Property.  of the Current value of the portion you own?
Have Claims Secured by Property.  of the Current value of the portion you own?
of the Current value of the y? portion you own?
y? portion you own?
\$1,608.00
\$1,608.00
\$7,480.00
Current value of the portion you own?  Do not deduct secured claims or exemptions.
\$0.00
c collections; electronic devices
c collections; electronic devices
c collections; electronic devices

Official Form 106A/B

☐ No

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Debtor 1	TyLynn Wal	ters Moore	Case number (if known)	)
Yes.	Describe			
		CD'S, DVD'S, PICTURES		\$300.00
Examp  ■ No	nent for sports and les: Sports, photo musical instru	ographic, exercise, and other hobby equipment; bicyc	cles, pool tables, golf clubs, skis; canoes	s and kayaks; carpentry tools;
■ No		s, shotguns, ammunition, and related equipment		
□ No		othes, furs, leather coats, designer wear, shoes, acc	essories	
		CLOTHES		\$600.00
■ No □ Yes. 13. <b>Non-fa</b> Exam □ No		welry, costume jewelry, engagement rings, wedding birds, horses	rings, heirloom jewelry, watches, gems,	gold, silver
_ 100.	. Bosonbe	2 CATS - PETS - NO VALUE TO OTHERS		\$0.00
■ No	ther personal an	d household items you did not already list, include formation	ding any health aids you did not list	
		of all of your entries from Part 3, including any en number here		\$1,100.00
Part 4: De	escribe Your Finan	cial Assets		
Do you o	wn or have any I	egal or equitable interest in any of the following?	,	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No		have in your wallet, in your home, in a safe deposit b	ox, and on hand when you file your peti	tion
			Cash	\$10.00
Exam		avings, or other financial accounts; certificates of de If you have multiple accounts with the same institution Institution name	on, list each.	houses, and other similar

Schedule A/B: Property

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Official Form 106A/B

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De	ebtor 1	TyLynn Walt	ers Mo	ore	Case nur	Case number (if known)			
			17.1.	CHECKING AND SAVINGS	FIFTH THIRD BANK	\$344.00			
				cly traded stocks ent accounts with brokera	age firms, money market accounts				
	_			Institution or issuer nam	e:				
	Non-pu joint vo ■ No		ock and	interests in incorporate	ed and unincorporated businesses, includ	ing an interest in an LLC, partnership, and			
	☐ Yes.	Give specific info		about themme of entity:	% of ow	nership:			
	Negoti	iable instruments	include	personal checks, cashiers	le and non-negotiable instruments s' checks, promissory notes, and money orde r to someone by signing or delivering them.	rs.			
	☐ Yes.	Give specific info		about them uer name:					
	Examp □ No □		RA, ERI	SA, Keogh, 401(k), 403(b	o), thrift savings accounts, or other pension or	profit-sharing plans			
	Yes.	List each accoun		tely. of account:	Institution name:				
			401k	(	THRU EMPLOYER - D & W FINE PA	CK \$1,476.00			
	Your sl Examp ■ No	oles: Agreements	d deposi	ts you have made so that	you may continue service or use from a comic utilities (electric, gas, water), telecommunic				
	■ No				you, either for life or for a number of years)				
	☐ Yes	IS	suer nan	ne and description.					
		ts in an education C. §§ 530(b)(1), \$		-	ied ABLE program, or under a qualified st	ate tuition program.			
	☐ Yes	In:	stitution	name and description. Se	eparately file the records of any interests.11 U	.S.C. § 521(c):			
	■ No	•			than anything listed in line 1), and rights of	or powers exercisable for your benefit			
	☐ Yes.	Give specific info	ormation	about them					
	_Examp				ther intellectual property om royalties and licensing agreements				
	■ No □ Yes.	Give specific info	ormation	about them					
	_Examp			er general intangibles clusive licenses, cooperat	ive association holdings, liquor licenses, profe	essional licenses			
	■ No □ Yes.	Give specific info	ormation	about them					
Mo	ney or p	property owed t	o you?			Current value of the portion you own? Do not deduct secured			

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

De	ebtor 1 TyLynn Walters Moore		Ca	ase number (if known)	
	. Tax refunds owed to you ☐ No				
	■ Yes. Give specific information about the	nem, including whether you already filed	the returns and	the tax years	
		DEBTOR EXPECTS EARNED IN CREDIT FOR 2018 TAX RE IS EXEMPTED TO THE FUI	FUND - EIC	FEDERAL AND STATE	Unknown
	Family support     Examples: Past due or lump sum alimo     No     ☐ Yes. Give specific information	ny, spousal support, child support, mair	ntenance, divorce	e settlement, property	r settlement
30.	Other amounts someone owes you     Examples: Unpaid wages, disability instance benefits; unpaid loans you n     No     ■ Yes. Give specific information		k pay, vacation	pay, workers' compe	nsation, Social Security
		LAINIE MOORE - DEBTOR'S OLD MONEY FROM DEBTOR FROM 2 APPROXIMATE VALUE - DAUGH MONEY OUT OF DEBTOR'S BAN ATM - DAUGHTER WAS ON DRU KNOW WHERE DAUGHTER LIVE	016 UNTIL FA ITER QUITE O IK ACCOUNT IGS - DEBTOF	ALL OF 2017 - OFTEN TOOK THRU THE	\$2,000.00
	. Interests in insurance policies  Examples: Health, disability, or life insu  □ No  ■ Yes. Name the insurance company of  Company	each policy and list its value.	redit, homeowne Beneficiary		nce Surrender or refund value:
		S LIFE - UNIVERSAL LIFE NCE - APPROXIMATE CASH	CHILDRE	EN	\$1,900.00
	Any interest in property that is due you figure the beneficiary of a living trus someone has died.      No     ☐ Yes. Give specific information		policy, or are cu	urrently entitled to rec	eive property because
	Claims against third parties, whether Examples: Accidents, employment disp     No     ☐ Yes. Describe each claim		de a demand fo	or payment	
	Other contingent and unliquidated cla     No     ☐ Yes. Describe each claim	aims of every nature, including count	erclaims of the	edebtor and rights to	set off claims
	<ul> <li>Any financial assets you did not alrea</li> <li>■ No</li> <li>□ Yes. Give specific information</li> </ul>	ndy list			
36	6. Add the dollar value of all of your en	ntries from Part 4, including any entri	es for pages yo	ou have attached	\$5,730.00

Official Form 106A/B Schedule A/B: Property

page 5

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	3		•	
Debtor	1 TyLynn Walters Moore		Case number (if known)	
Part 5:	Describe Any Business-Related Property You Own or Have an Inte	rest in list any real est	ate in Part 1	
		<u>-</u>	ate iii i ait i.	
`	rou own or have any legal or equitable interest in any business-relat	ted property?		
	o. Go to Part 6.			
<b>⊔</b> Ye	ss. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You lf you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Intere	st In.	
46. <b>Do</b>	you own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
Ex. ■ N	you have other property of any kind you did not already list amples: Season tickets, country club membership lo 'es. Give specific information	?		
54. <b>A</b>	dd the dollar value of all of your entries from Part 7. Write th	nat number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>P</b> a	art 1: Total real estate, line 2			\$75,000.00
56. <b>P</b> a	art 2: Total vehicles, line 5	\$7,480.00		
	art 3: Total personal and household items, line 15	\$1,100.00		
	art 4: Total financial assets, line 36	\$5,730.00		
	art 5: Total business-related property, line 45	\$0.00		
	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>P</b> a	art 7: Total other property not listed, line 54 +	\$0.00		
62. <b>T</b> o	otal personal property. Add lines 56 through 61	\$14,310.00	Copy personal property total	\$14,310.00
63. <b>T</b> o	otal of all property on Schedule A/B. Add line 55 + line 62			\$89,310.00

Official Form 106A/B Schedule A/B: Property page 6

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Fil	I in this inform	ation to identify your case:				
De	ebtor 1	TyLynn Walters Moore				
D-	.h	First Name	Middle Name	L	ast Name	
	ebtor 2 oouse if, filing)	First Name	Middle Name	L	ast Name	
Ur	nited States Bar	kruptcy Court for the: NOR	THERN DISTRICT OF	INDIA	NA	
Ca	ase number					
	known)					☐ Check if this is an amended filing
O	fficial Fo	m 106C				
		e C: The Prope	rty You Cla	im	as Exempt	4/16
the nee cas For spe any fun exe	property you liseded, fill out and the number (if known each item of pecific dollar and applicable statement applicable to a part of the perior to a p	sted on Schedule A/B: Property I attach to this page as many coown).  property you claim as exemptount as exempt. Alternativel atutory limit. Some exemption ilimited in dollar amount. Ho	y (Official Form 106A/B) copies of Part 2: Addition of, you must specify the ly, you may claim the forms—such as those for ovever, if you claim an	as yo nal Pa e amo full fai healt exen	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain b aption of 100% of fair market valu	additional pages, write your name and  One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
		y the Property You Claim as	Exempt			
1.	Which set of	exemptions are you claiming	g? Check one only, eve	n if yo	our spouse is filing with you.	
	You are cla	iming state and federal nonba	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are cla	iming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any prop	ertv vou list on <i>Schedule A/E</i>	B that you claim as exe	empt.	fill in the information below.	
	Brief description	on of the property and line on	Specific laws that allow exemption			
	Schedule A/B	hat lists this property	portion you own  Copy the value from  Schedule A/B	Che	eck only one box for each exemption.	
		DING RD Fort Wayne, IN	\$75,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
		MS, 2 BATHROOMS edule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
		DAI ACCENT 53,642 miles	\$5,872.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
	Line from Sch	edule A/B: <b>3.1</b>			100% of fair market value, up to any applicable statutory limit	
		EDONA 168,234 miles	\$1,608.00		\$1,608.00	Ind. Code § 34-55-10-2(c)(2)
	Line from Sch	edule A/B: <b>3.2</b>			100% of fair market value, up to any applicable statutory limit	
	_	VES IN FURNISHED	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
		ME - OWNS NO .D FURNISHINGS edule 4/R: 6.1			100% of fair market value, up to any applicable statutory limit	

TV, CELL PHONES

Line from Schedule A/B: 7.1

\$200.00

Ind. Code § 34-55-10-2(c)(2)

\$200.00

100% of fair market value, up to any applicable statutory limit

#### Case 18-11219-reg Doc 1 Filed 06/29/18 Page 17 of 51

Debtor 1 TyLynn Walters Moore			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
CD'S, DVD'S, PICTURES Line from Schedule A/B: 8.1	\$300.00	•	\$300.00	Ind. Code § 34-55-10-2(c)(2)
Line Holli Schedule AVB. 0.1			100% of fair market value, up to any applicable statutory limit	
CLOTHES Line from Schedule A/B: 11.1	\$600.00		\$600.00	Ind. Code § 34-55-10-2(c)(2)
Ellie Holli Golloddie 702.			100% of fair market value, up to any applicable statutory limit	
2 CATS - PETS - NO VALUE TO OTHERS	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$10.00		\$10.00	Ind. Code § 34-55-10-2(c)(3)
Line nom ochodale AVB. 1911			100% of fair market value, up to any applicable statutory limit	
CHECKING AND SAVINGS: FIFTH THIRD BANK	\$344.00		\$344.00	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
401K: THRU EMPLOYER - D & W FINE PACK	\$1,476.00		\$1,476.00	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
FEDERAL AND STATE: DEBTOR EXPECTS EARNED INCOME CREDIT	Unknown	•	100%	Ind. Code § 34-55-10-2(c)(11)
FOR 2018 TAX REFUND - EIC IS EXEMPTED TO THE FULLEST Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
LAINIE MOORE - DEBTOR'S OLDER DAUGHTER STOLE MONEY FROM	\$2,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(3)
DEBTOR FROM 2016 UNTIL FALL OF 2017 - APPROXIMATE VALUE - DAUGHTER QUITE OFTEN TOOK MONEY OUT OF DEBTOR'S BANK ACCOUNT THRU THE ATM - DAUGHTER WAS ON DRUGS - DEBTOR DOES NOT KNOW WHERE DAUGHTER LIVES Line from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit	
KANSAS LIFE - UNIVERSAL LIFE INSURANCE - APPROXIMATE CASH	\$1,900.00		\$1,900.00	Ind. Code §§ 27-1-12-14, 27-2-5-1(c)
VALUE Beneficiary: CHILDREN Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	`,

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Debtor	1 <b>Ty</b> l	Lynn Walters Moore	Case number (if known)	
	ubject t	claiming a homestead exemption of more than \$160,375? to adjustment on 4/01/19 and every 3 years after that for cases filed on or	after the date of adjustment.)	
	No Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		No		
		Yes		

#### Case 18-11219-reg Doc 1 Filed 06/29/18 Page 19 of 51

Fill in this informa	ation to identify you	r case:				
Debtor 1	TyLynn Walters	Moore				
	First Name		st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name La	st Name			
		NORTHERN BIOTRICT OF INDIAN				
United States Bank	cruptcy Court for the:	NORTHERN DISTRICT OF INDIAN	NA			
Case number						
(if known)					☐ Check	if this is an
					amend	ed filing
Official Form	<u>106D</u>					
Schedule D	): Creditors	Who Have Claims Se	cured	by Property	V	12/15
					,	
		f two married people are filing together, b out, number the entries, and attach it to th				
1. Do any creditors ha	ave claims secured by	your property?				
☐ No. Check tl	his box and submit th	his form to the court with your other sch	edules. You	u have nothing else to	report on this form.	
_	all of the information b	•			, , , , , , , , , , , , , , , , , , , ,	
		JGIUW.				
Part 1: List All	Secured Claims			Column A	Column B	Column C
		nore than one secured claim, list the creditor			Value of collateral	Unsecured
		a particular claim, list the other creditors in F cal order according to the creditor's name.	Part 2. AS	Amount of claim  Do not deduct the	that supports this	portion
	·	•		value of collateral.	claim	if any
	REDIT UNION	Describe the property that secures the c		\$10,166.00	\$5,872.00	\$4,294.00
Creditor's Name		2015 HYUNDAI ACCENT 53,642	!			
		miles				
PO BOX 72	7	As of the date you file, the claim is: Chec	k all that			
Goshen, IN		apply.  Contingent				
	City, State & Zip Code	☐ Unliquidated				
,,	,,р	☐ Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as mort	gage or secu	red		
Debtor 2 only		car loan)	0 0			
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechan	ic's lien)			
☐ At least one of the	,	☐ Judgment lien from a lawsuit	,			
☐ Check if this clair		6	HICLE LO	DAN		
community debt	1					
Date debt was incur	red 2015	Last 4 digits of account number				
2.2 NATIONST		<b>D</b>		\$75,850.00	\$75,000.00	\$850.00
Creditor's Name	<u> </u>	Describe the property that secures the c		Ψ7 3,030.00	Ψ13,000.00	Ψ030.00
Orealion 3 Name		932 E PAULDING RD Fort Wayr 46816 Allen County	ie, in			
4000 11001	ZONI WAY OTE	3 BEDROOMS, 2 BATHROOMS				
4000 HORIZ	ZON WAY STE	As of the date you file, the claim is: Chec				
Irving, TX 7	5063	apply.				
	City, State & Zip Code	☐ Contingent ☐ Unliquidated				
Number, Street, C	ony, State & Zip Code	☐ Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as morte	gage or secu	red		
Debtor 2 only		car loan)				
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechan	ic's lien)			
☐ At least one of the	•	☐ Judgment lien from a lawsuit	/			
☐ Check if this clair			ORTGAGE	<u> </u>		
community debt	t .					
Date debt was incur	rod 2012	Last 4 digits of account number				

Official Form 106D

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Debto	r 1 TyLynn Wal	ters Moore		Case number ( <sub>if know</sub> )				
	First Name	Middle Name	Last Name					
Add	the dollar value of ye	our entries in Column A on	this page. Write that number h	ere: \$86,016.00				
	s is the last page of that number here:	your form, add the dollar va	lue totals from all pages.	\$86,016.00				
Part 2	List Others to	Be Notified for a Debt Th	at You Already Listed					
trying t	to collect from you f ne creditor for any o	or a debt you owe to some	one else, list the creditor in Pa	t that you already listed in Part 1. For example rt 1, and then list the collection agency here. S ditors here. If you do not have additional perso	Similarly, if you have more			
П								
	Name, Number, Street DOYLE & FOUT	et, City, State & Zip Code		On which line in Part 1 did you enter the credit	or? <b>2.2</b>			
	41 E. WASHING Indianapolis, IN	TON STREET, STE 40   46204	00	Last 4 digits of account number				

		Case 18	-11219-16	g Doc 1	Filed U	0/29/18 Paye 2	21 01 51	
Fill in t	his information	n to identify your c	ase:					
Debtor	1 T	yLynn Walters M	oore					
20210.		rst Name	Middle Na	me	Last Name			
Debtor (Spouse it		rst Name	Middle Na	me	Last Name			
United	States Bankrup	otcy Court for the:	NORTHERN	DISTRICT OF	INDIANA			
Case n (if known)				-			_	theck if this is an mended filing
Officia	al Form 10	06F/F						
		Creditors W	ho Have	Unsecure	d Claims			12/15
any exec Schedule Schedule left. Atta	cutory contracts e G: Executory ( e D: Creditors V	or unexpired leases to Contracts and Unexpi /ho Have Claims Secution Page to this page	that could resu red Leases (Off ired by Propert	It in a claim. Alse ficial Form 106G) y. If more space	o list executory . Do not include is needed, copy	I Part 2 for creditors with No contracts on Schedule Ale any creditors with partially the Part you need, fill it could not file that Part. On the	B: Property (Offici Ily secured claims out, number the en	al Form 106A/B) and on that are listed in tries in the boxes on the
Part 1:	List All of	Your PRIORITY Un	secured Clain	ns				
1. Do	any creditors ha	ave priority unsecured	d claims agains	t you?				
<b>I</b>	No. Go to Part 2.							
Part 2:	List All of	Your NONPRIORIT	Y Unsecured	Claims				
3. Do a	any creditors ha	eve nonpriority unsec	ured claims aga	ainst you?				
	No. You have no	thing to report in this pa	art. Submit this fo	orm to the court w	ith your other scl	hedules.		
	Yes.							
unse	ecured claim, list n one creditor hol	the creditor separately	for each claim.	For each claim list	ted, identify what	no holds each claim. If a cr t type of claim it is. Do not lis an three nonpriority unsecure	st claims already inc	cluded in Part 1. If more
								Total claim
4.1	ALLEN COL	JNTY TREASURE	ER .	Last 4 digits of a	ccount number			\$206.00
	Nonpriority Cred PO BOX 254	40		When was the de	ebt incurred?	1998		
	Fort Wayne	, IN 46801 City State Zlp Code		As of the date vo	u file the claim	is: Check all that apply		
		the debt? Check one.		As of the date yo	u ille, tile cialli	113. Check all that apply		
	■ Debtor 1 onl			☐ Contingent				
	Debtor 2 onl	•		☐ Unliquidated				
	Debtor 1 and	-		☐ Disputed				
		of the debtors and ano		Type of NONPRI	ORITY unsecure	ed claim:		
		s claim is for a comm		☐ Student loans				
	debt	bject to offset?	•	Obligations ari		paration agreement or divorce	e that you did not	
	■ No			Debts to pensi	ion or profit-shar	ing plans, and other similar	debts	
	☐ Yes			Other. Specify	TAXES			

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Debto	TyLynn Walters Moore	Case number (if know)				
4.2	ALLIED HOSPITAL PATHOLOGISTS	Last 4 digits of account number	\$92.00			
	Nonpriority Creditor's Name 4245 RELIABLE PARKWAY Chicago II 60626 0001	When was the debt incurred? 2018				
	Chicago, IL 60626-0001  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	,				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify MEDICAL BILL				
4.3	AMERICAN ELECTRIC POWER	Last 4 digits of account number	\$1,386.00			
	Nonpriority Creditor's Name PO BOX 24407	When was the debt incurred? 1998				
	Canton, OH 44701-4407  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	on the same growth of the same of the same same same same same same same sam				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify UTILITY				
		· · ·				
4.4	BEST BUY CREDIT SERVICES/CITIBANK NA	Last 4 digits of account number	\$1,086.00			
	Nonpriority Creditor's Name PO BOX 9001007	When was the debt incurred? 2017				
	Louisville, KY 40290	2011				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify CREDIT CARD				
		· · ·				

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Debt	or 1 <b>TyLynn Walters Moore</b>	Case number (if know)	
4.5	CITY UTILITIES	Last 4 digits of account number	\$560.00
	Nonpriority Creditor's Name CITIZENS SQUARE 200 E BERRY ST STE 930 Fort Wayne, IN 46802	When was the debt incurred? 1998	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify UTILITY	
4.6	CLI SURGERY CENTER	Last 4 digits of account number	\$740.00
	Nonpriority Creditor's Name 7747 W JEFFERSON BLVD Fort Wayne, IN 46804	When was the debt incurred? 2018	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL BILL	
4.7	MONI ALARM SYSTEM	Last 4 digits of account number	\$285.00
	Nonpriority Creditor's Name PO BOX 814530 Dallas, TX 75381	When was the debt incurred? 2011	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify ALARM SYSTEM	

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Debto	TyLynn Walters Moore	Case number (if know)	
4.8	NIPSCO	Last 4 digits of account number	\$270.00
	Nonpriority Creditor's Name PO BOX 13010 Merrillville, IN 46411-3013	When was the debt incurred? 1998	<b>V</b> 2.0.00
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify UTILITY	
4.9	PARKVIEW HEALTH Nonpriority Creditor's Name	Last 4 digits of account number	\$3,953.00
	PO BOX 5600 Fort Wayne, IN 46804	When was the debt incurred? 2018	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify MEDICAL BILL	
4.1	PARKVIEW HEALTH PHYSICIANS	Last 4 digits of account number	\$763.00
	Nonpriority Creditor's Name PO BOX 5600 Fort Wayne, IN 46895	When was the debt incurred? 2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL BILL	

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Debloi	' Iy∟ynn	waiters Moore		Case	iumber (if know)	<del></del>	
	PROFESS PHYSICIA	SIONAL EMERGENCY	Last 4 digits of account numb	er			\$990.00
	3640 NEW	reditor's Name V VISION DRIVE #A ne, IN 46845	When was the debt incurred?	2018			
_	Number Stre	et City State Zlp Code ed the debt? Check one.	As of the date you file, the clai	m is: Checl	k all that apply		
	Debtor 1	only	☐ Contingent				
	Debtor 2	only	☐ Unliquidated				
	Debtor 1	and Debtor 2 only	☐ Disputed				
	_	ne of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
	_	this claim is for a community	☐ Student loans				
	debt	subject to offset?	Obligations arising out of a se report as priority claims	eparation ag	greement or divorc	e that you did not	
	■ No		☐ Debts to pension or profit-sha	aring plans,	and other similar of	debts	
	☐ Yes		Other. Specify MEDICAL	BILL			
Part 3:	List Othe	ers to Be Notified About a D	ebt That You Already Listed				
is tryin have n	ng to collect to more than one	from you for a debt you owe to	I about your bankruptcy, for a debt the someone else, list the original credito hat you listed in Parts 1 or 2, list the a cor submit this page.	r in Parts 1	or 2, then list the	collection agency here. S	Similarly, if you
	d Address	200014750	On which entry in Part 1 or Part 2 did y		•		
		SSOCIATES TER STREET	Line <b>4.10</b> of ( <i>Check one</i> ):			ority Unsecured Claims	
	w, IN 4658			■ Part 2:	Creditors with Nor	npriority Unsecured Claims	
	·		Last 4 digits of account number				
Name an	d Address		On which entry in Part 1 or Part 2 did y	ou list the c	original creditor?		
IC SYS			Line 4.3 of (Check one):			ority Unsecured Claims	
	X 64378 Paul, MN 5	5164		Part 2:	Creditors with Nor	npriority Unsecured Claims	
Ounit i	aui, iiii o	70104	Last 4 digits of account number				
Name an	ıd Address		On which entry in Part 1 or Part 2 did y	ou list the c	original creditor?		
	HWEST CF		Line 4.7 of (Check one):		•	ority Unsecured Claims	
		IONAL PARKWAY		Part 2:	Creditors with Nor	npriority Unsecured Claims	
SUITE		5007-1958					
Julion	1011, 17.7	3001 1000	Last 4 digits of account number				
5 / /	<b>-</b> • • • • •						
Part 4:		Amounts for Each Type of I					
	ne amounts f unsecured		laims. This information is for statistica	ai reporting	purposes only. 2	28 U.S.C. §159. Add the an	nounts for each
					Tota	al Claim	
	6	a. Domestic support obligatio	ns	6a.	\$	0.00	
	otal ims						
from Pa		b. Taxes and certain other del	ots you owe the government	6b.	\$	0.00	
	6	c. Claims for death or persona	al injury while you were intoxicated	6c.	\$	0.00	
	6	d. Other. Add all other priority u	nsecured claims. Write that amount here	. 6d.	\$	0.00	
	6	e. Total Priority. Add lines 6a tl	hrough 6d	6e.	\$	0.00	
		o. Total Trongry ad inido da il	moagn ou.	00.	Ψ	0.00	
	_					al Claim	
	6i	f. Student loans		6f.	\$	0.00	
cla	otal ims						
from Pa	art 2 6	<li>g. Obligations arising out of a you did not report as priori</li>	separation agreement or divorce that	6g.	\$	0.00	
	6		sharing plans, and other similar debts	6h.	\$	0.00	
	6		ity unsecured claims. Write that amount	6i.	\$	10,331.00	
		here.			T	•	

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Debtor 1 TyLynn Walters Moore

Case number (if know)

6j. Total Nonpriority. Add lines 6f through 6i.

\$ 10,331.00

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Fill in this inform	nation to identify your	case:		
Debtor 1	TyLynn Walters N	loore .		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA	
Case number				
(if known)				☐ Check if this is an
				amended filing

#### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease  Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3					
	Name				<del></del>
	Number	Street			<u> </u>
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				
	Number	Street			<del>_</del>
	City		State	ZIP Code	<u> </u>
2.5	•				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	

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				-,9	
Fill in this	information to identify you	r case:			
Debtor 1	TyLynn Walters				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case num	ber				
(if known)					Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	lehtors			12/15
<u> </u>	idic II. Todi ooc	icbiol 3			12/13
	e and case number (if knowr you have any codebtors? (li			as a codebtor.	-
■ No					
☐ Yes	3				
	hin the last 8 years, have yo na, California, Idaho, Louisiana				ty states and territories include
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cro	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
=	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, lin	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street City	State	ZIP Code		

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Fill	in this information to identify your ca	ase:									
Del	btor 1 TyLynn Wal	ters Moore				_					
1 -	btor 2										
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF INDI	ANA							
	se number nown)		-				□ Ar		ed filing ent showir	ng postpetition	
0	fficial Form 106I							M / DD/ \		3	
S	chedule I: Your Inc	ome					IVI	IVI / DD/ I			12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	r spouse is not filing wi	ith you, do	not include	infor	matio	on about	your spo	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1					Debtor 2	2 or non-f	iling spouse	
	If you have more than one job,	Employment status*	■ Emple	oyed				☐ Empl	oyed		
	attach a separate page with information about additional	Linployment status	☐ Not e	mployed				☐ Not e	mployed		
	employers.	Occupation	FACTO	RY WORK							
	Include part-time, seasonal, or self-employed work.	Employer's name	D & W	FINE PACK							
	Occupation may include student or homemaker, if it applies.	Employer's address	VICKSE	ALLACE ST BURG PIKE Byne, IN 46							
		How long employed the	here?	2 YEARS							
				*See Attacl	hmen	t for	Addition	al Emplo	yment In	formation	
Pa	rt 2: Give Details About Mor	nthly Income									
	imate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have n	othing to repo	ort for	any l	ine, write	\$0 in the	space. In	iclude your no	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the	information fo	or all e	emplo	yers for t	that perso	on on the I	lines below. If	you need
							For Deb	otor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly, or				2.	\$	2,	175.33	\$	N/A	
3.	Estimate and list monthly overt	ime pay.			3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.			4.	\$	2,17	75.33	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	TyLynn Walters Moore	-	Cas	e number (if known)			
				Fo	or Debtor 1		Debtor 2 or Filing spouse	
	Cop	by line 4 here	4.	\$	2,175.33	\$	N/A	4
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	326.25	\$	N/A	Δ
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	4
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h	+ \$_	0.00	+ \$	N/A	<u> </u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	326.25	\$	N/A	<u>4</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,849.08	\$	N/A	<u> </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N//	Ą
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N//	<b>A</b>
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	<u> </u>
	8e.	Social Security	8e.	\$	0.00	\$	N/A	4
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SOCIAL SECURITY FOR SON	8f.	\$_	1,002.00	\$	N//	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	N/A	<u> </u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,002.00	\$	N	/A
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		2,851.08 + \$		N/A = \$	2,851.08
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		2,031.00		<b></b>	2,031.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper		•	•	chedule J. 11. +\$_	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	2,851.08
13.	Do	you expect an increase or decrease within the year after you file this form	?					nly income
		No.						

Debtor 1	TyLynn Walters Moore	Case number (if known)
Debtor 1	TyLynn Walters Moore	Case number (if known)

# Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	CLEANING INSPECTOR	
Name of Employer	RELIABLE CLEANING	
How long employed	8 MONTHS	
Address of Employer	302 WALLACE ST	
	Fort Wayne, IN 46803	

Fill in this	information to identify yo	our case:					
Debtor 1	TyLynn Walt	ers Moore			Check	c if this is:	
Debtor 2 (Spouse, if							ving postpetition chapter the following date:
United State	es Bankruptcy Court for the:	: NORTHERN DIST	RICT OF INDIA	.NA	<u> </u>	MM / DD / YYYY	
Case numb (If known)	er		-				
	al Form 106J						
Be as con information	dule J: Your I  nplete and accurate as  on. If more space is ne f known). Answer ever	possible. If two man					
Part 1:	Describe Your House	ehold					
■ N	s a joint case?  o. Go to line 2.  es. Does Debtor 2 live i	in a separate househ	old?				
	☐ No ☐ Yes. Debtor 2 mus	•		for Separate House	<i>hold</i> of Debto	or 2.	
2. <b>Do y</b>	ou have dependents?	□ No					
Do no Debto	ot list Debtor 1 and or 2.		information for ndent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	ot state the ndents names.			SON		14	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes
expe	our expenses include nses of people other tl self and your depende	111//00					☐ Yes
		our bankruptcy filing	date unless y				pter 13 case to report f the form and fill in the
the value	xpenses paid for with r of such assistance and orm 106l.)					Your expe	enses
	rental or home owners nents and any rent for the		ur residence. I	nclude first mortgage	4. \$		300.00
If not	t included in line 4:						
4a.	Real estate taxes				4a. \$		0.00
4b.	Property, homeowner's				4b. \$		0.00
4c. 4d.	Home maintenance, re Homeowner's associat				4c. \$ 4d. \$		0.00
	tional mortgage payme			me equity loans	5. \$		0.00

	yLynn Walters Moore	Case num	ber (if known)	
Utilities	:			
6a. E	lectricity, heat, natural gas	6a.	\$	160.00
6b. W	/ater, sewer, garbage collection	6b.	\$	55.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	ther. Specify: CABLE/INTERNET	6d.	\$	176.00
	ELL PHONE		\$	231.00
			\$	
	OT RENT		·	300.00
	nd housekeeping supplies	7.	· -	645.00
Childca	re and children's education costs	8.	\$	0.00
Clothin	g, laundry, and dry cleaning	9.	\$	150.00
Person	al care products and services	10.	\$	60.00
	and dental expenses	11.	\$	28.00
	ortation. Include gas, maintenance, bus or train fare.		· <del></del>	
-	nclude car payments.	12.	\$	100.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	60.00
	ble contributions and religious donations	14.	·	0.00
	•		Ψ	0.00
Insuran	nclude insurance deducted from your pay or included in lines 4 or 20.			
	fe insurance	15a.	\$	27.00
	ealth insurance	15a. 15b.	·	
			·	0.00
	ehicle insurance	15c.	· <u> </u>	199.00
	ther insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	nent or lease payments:			
17a. C	ar payments for Vehicle 1	17a.	\$	272.00
17b. C	ar payments for Vehicle 2	17b.	\$	0.00
17c. O	ther. Specify:	17c.	\$	0.00
	ther. Specify:	17d.	\$	0.00
	syments of alimony, maintenance, and support that you did not report as		·	0.00
	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.	Ψ	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Scho		our Incomo	
		20a.		0.00
	ortgages on other property	20a.	Φ	0.00
	eal estate taxes	001	Φ.	
		20b.	·	0.00
	roperty, homeowner's, or renter's insurance	20c.	\$	0.00 0.00
20c. P			\$	0.00 0.00
20c. P 20d. M	roperty, homeowner's, or renter's insurance	20c.	\$ 5	0.00 0.00 0.00 0.00
20c. P 20d. M 20e. H	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues	20c. 20d. 20e.	\$ 5	0.00 0.00 0.00 0.00
20c. P 20d. M 20e. H Other: \$	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES	20c. 20d. 20e.	\$ \$ \$ +\$	0.00 0.00 0.00 0.00 30.00
20c. P 20d. M 20e. H Other: S AUTO	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE	20c. 20d. 20e.	\$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00
20c. P 20d. M 20e. H Other: S AUTO EYEGL	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS	20c. 20d. 20e.	\$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00 42.00
20c. P 20d. M 20e. H Other: S AUTO	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE	20c. 20d. 20e.	\$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET	20c. 20d. 20e.	\$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00 42.00
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET te your monthly expenses	20c. 20d. 20e.	\$ \$ \$ +\$ +\$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE  LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21.	20c. 20d. 20e.	\$ \$ \$ +\$ +\$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00 42.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE  LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21.	20c. 20d. 20e.	\$ \$ \$ +\$ +\$ +\$ +\$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co 22c. Ad	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.	20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C. Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income. he result is your monthly net income.	20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00
20c. P 20d. M 20e. H Other: S AUTO EYEGL PET C. Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C 23c. S T Do you	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income. he result is your monthly net income. expect an increase or decrease in your expenses within the year after your	20c. 20d. 20e. 21. 23a. 23b. 23c.	\$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00 -133.92
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23c. S T Do you For exam	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income. he result is your monthly net income. expect an increase or decrease in your expenses within the year after your pipe, do you expect to finish paying for your car loan within the year or do you expect you	20c. 20d. 20e. 21. 23a. 23b. 23c.	\$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00 -133.92
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C 23c. S T Do you For exam	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income. he result is your monthly net income. expect an increase or decrease in your expenses within the year after your	20c. 20d. 20e. 21. 23a. 23b. 23c.	\$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00 -133.92
20c. P 20d. M 20e. H Other: S AUTO EYEGI PET C Calcula 22a. Ad 22b. Co 22c. Ad Calcula 23a. C 23b. C  23c. S T  Do you For exam	roperty, homeowner's, or renter's insurance aintenance, repair, and upkeep expenses omeowner's association or condominium dues Specify: LICENSE PLATES REPAIRS/MAINTENANCE LASSES/CONTACTS/EYE DR. VISITS ARE/SUPPLIES/FOOD/VET  te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.  ubtract your monthly expenses from your monthly income. he result is your monthly net income. expect an increase or decrease in your expenses within the year after your pipe, do you expect to finish paying for your car loan within the year or do you expect you	20c. 20d. 20e. 21. 23a. 23b. 23c.	\$	0.00 0.00 0.00 30.00 100.00 42.00 50.00 2,985.00 2,851.08 2,985.00 -133.92

Fill in thi	s information to identify your	case:							
Debtor 1									
Depioi	TyLynn Walters N First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, fi	ling) First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF INDIANA							
Case nun	nber				☐ Check if this is an amended filing				
	Form 106Dec aration About a	ın Individua	l Debtor's Sc	hedules	12/15				
	both. 18 U.S.C. §§ 152, 1341, 1		in uploy case can result in	in inies up to \$250,00	0, or imprisonment for up to 20				
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
•	No								
	Yes. Name of person				ttach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)				
	er penalty of perjury, I declare they are true and correct.	that I have read the sur	nmary and schedules filed	d with this declaratio	on and				
x /	s/ TyLynn Walters Moore		X						
٦	TyLynn Walters Moore Signature of Debtor 1		Signature of	Debtor 2					
Γ	Date <b>June 27, 2018</b>		Date						

H	l in this inform	nation to identify you	r ease.								
	ebtor 1										
	EDIOI I	TyLynn Walters First Name	Middle Name	Last Name							
1 -	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name							
` `		nkruptcy Court for the:	NORTHERN DISTRICT O								
UI	illeu Slales Dai	ikruptcy Court for the.	NORTHERN DISTRICT O	I INDIANA							
Case number (if known)					_	☐ Check if this is an amended filing					
	fficial For		Affairs for Individ	luals Filing for B	ankruptcy	4/10					
info	ormation. If m		attach a separate sheet to t		equally responsible for sup y additional pages, write you						
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before							
1.	What is your	current marital statu	s?								
	☐ Married										
	■ Not mar	married									
2.	During the la	ast 3 years, have you	lived anywhere other than v	vhere you live now?							
	□ No										
	Yes. List	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.									
	Debtor 1 Pri	Debtor 1 Prior Address:		Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there					
		ILDING RD e, IN 46816	From-To: <b>8/1991 - 3/2018</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:					
	No Yes. Ma  Tt 2 Explain	es include Arizona, Ca ke sure you fill out <i>Scl</i> n the Sources of You e any income from er	nedule H: Your Codebtors (Off r Income nployment or from operating	rada, New Mexico, Puerto R ricial Form 106H). g a business during this ye	aity property state or territor ico, Texas, Washington and V	Visconsin.)					
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.											
	□ No ■ Yes Fill	in the details.									
	■ 1es. Fiii	in the details.									
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income					
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)					
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$12,443.00	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 TyLynn Walters Moore Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. Check all that apply. (before deductions (before deductions and exclusions) and exclusions) For last calendar year: \$14,144.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$25,442.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **SOCIAL SECURITY** \$6,012.00 the date you filed for bankruptcy: FOR SON For last calendar year: SOCIAL SECURITY \$0.00 (January 1 to December 31, 2017) FOR SON AND **DAUGHTER** (DAUGHTER ENDED IN SEPT) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment Total amount Amount you Was this payment for ...

Statement of Financial Affairs for Individuals Filing for Bankruptcy

still owe

paid

Case 18-11219-reg Doc 1 Filed 06/29/18 Page 37 of 51

Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this paym	ent for
	INTERRA CREDIT UNION PO BOX 727 Goshen, IN 46527	LAST THREE MONTHS	\$816.00	\$10,166.00	☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repay ☐ Suppliers or ☐ Other	
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any ger control, or owner of 20% of	eral partners; partner or more of their voting	erships of which you g securities; and ar	u are a general pa ny managing ager	artner; corporations nt, including one for
	No					
	☐ Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	s payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a debt	that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for thi	
			paid	still owe	Include creditor	's name
<b>Par</b> 9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in ar				
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the c	ase
	NATIONSTAR MORTGAGE/MR COOPER VS TY LYNN MOORE 02D01-1802-MF-000160	FORECLOSURE	ALLEN SUPER 1 W SUPERIOR Fort Wayne, IN	R ST STE 100	<ul><li>□ Pending</li><li>□ On appeal</li><li>□ Concluded</li></ul>	
					PENDING	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached, s	eized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property

Debtor 1 TyLynn Walters Moore

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Case number (if known)

11.	Within 90 days before you filed for bank accounts or refuse to make a payment		did any creditor, including a bank or financial ins you owed a debt?	stitution, set off any a	amounts from your
	No				
	Yes. Fill in the details.				
	Creditor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No				
Par	<ul><li>Yes</li><li>t 5: ■ List Certain Gifts and Contributio</li></ul>	ne			
13.	Within 2 years before you filed for bank  ■ No  □ Yes. Fill in the details for each gift.	ruptcy, (	did you give any gifts with a total value of more t	han \$600 per person <sup>.</sup>	?
	Gifts with a total value of more than \$6 per person	000	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	d			
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or		did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co.	total	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster,
	■ No				
	☐ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred		be any insurance coverage for the loss	Date of your loss	Value of property lost
	now the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property.</i>	1055	1031
Par	t 7: List Certain Payments or Transfer	rs			
16.	consulted about seeking bankruptcy or	prepari	id you or anyone else acting on your behalf pay on gabankruptcy petition? s, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Glaser & Ebbs 132 E Berry St Fort Wayne, IN 46802		Attorney Fees	2018	\$650.00

Debtor 1 TyLynn Walters Moore

Debtor 1	TvLv	nn W	<b>Valters</b>	Moore

Case number (if known)

17.	<ul> <li>7. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?         <ul> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>			ty to anyone who		
	Person Who Was Paid Address	Description and va	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.	siness or financial affalle as security (such as the	irs? ne granting of a s			
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			any property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		/ property to a s	elf-settled tru	ust or similar device c	of which you are a
	Name of trust	Description and va	alue of the prope	erty transferr	red	Date Transfer was made
Par	,	,	•	•	your name or for yo	ur hanafit closed
<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for y sold, moved, or transferred?         Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit houses, pension funds, cooperatives, associations, and other financial institutions.         No             Yes. Fill in the details.         </li> </ul>						
		ast 4 digits of account number	Type of accour instrument	clo mo	ite account was osed, sold, oved, or insferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any	/ safe deposi	t box or other deposit	tory for securities,
	Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)	Who else had acco		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or  No Yes. Fill in the details.	State and ZIP Code) place other than your	home within 1 y	ear before yo	ou filed for bankrupto	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?

Debtor 1	TvI	vnn	Walters	Moore

Case number (if known)

Pai	t 9: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust				
	No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Pai	tt 10: Give Details About Environmental Informa	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances.	r, land, soil, surface water, groun	- ·					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s	mental law defines as a hazardou	s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	e under or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	rironmental law? Include settlements	and orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	t 11: Give Details About Your Business or Con	nections to Any Business						
27.	lithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A sole proprietor or self-employed in a t	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company	(LLC) or limited liability partners!	nip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing execut	ive of a corporation						
☐ An owner of at least 5% of the voting or equity securities of a corporation			1					

Official Form 107

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Debtor 1 TyLynn Walters Moore		Case number (if known)
No. None of the above applies. Go	to Part 12.	
Yes. Check all that apply above and	fill in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed
28. Within 2 years before you filed for bankr institutions, creditors, or other parties.	uptcy, did you give a financial statement to	anyone about your business? Include all financial
■ No □ Yes. Fill in the details below.		
	D	
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
	g a false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
/s/ TyLynn Walters Moore		
TyLynn Walters Moore Signature of Debtor 1	Signature of Debtor 2	
Date June 27, 2018	Date	
Did you attach additional pages to <i>Your State</i> ■ No □ Yes	ement of Financial Affairs for Individuals Fill	ing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is	not an attornoy to holp you fill out hankrunt	cov forms?
No	not an attorney to neip you iii out bankrupt	cy ioniis:
	okruptcy Petition Preparer's Notice, Declaration	, and Signature (Official Form 119).

				_
Fill in this inforn	nation to identify your	case:		
Debtor 1	TyLynn Walters N			
Debter 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIS	TRICT OF INDIANA	
Case number(if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	viduals Filing Under Chap	ter 7 12/15
■ creditors have ■ you have leas: You must file this whicher on the f  If two married pe sign an  Be as complete a write you	ver is earlier, unless the form ople are filing together date the form.	ur property, or nd the lease has n ithin 30 days after e court extends th in a joint case, bo le. If more space is nber (if known).		the creditors and lessors you list tinformation. Both debtors must
		art 1 of Schedule D	): Creditors Who Have Claims Secured by Prope	erty (Official Form 106D), fill in the
information be Identify the cre	low. editor and the property the	nat is collateral	What do you intend to do with the property to secures a debt?	hat Did you claim the property as exempt on Schedule C?
Creditor's IN name:  Description of property securing debt:	ITERRA CREDIT UN 2015 HYUNDAI AC miles		<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul>	□ No ■ Yes
name:	ATIONSTAR MORTO		<ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	□ No ■ Yes
property securing debt:	Wayne, IN 46816 A 3 BEDROOMS, 2 B	Allen County	Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

### Case 18-11219-reg Doc 1 Filed 06/29/18 Page 43 of 51

Debtor 1 TyLynn Walters Moore	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about a property that is subject to an unexpired lease.	any property of my estate that secures a debt and any personal
X /s/ TyLynn Walters Moore X	
TyLynn Walters Moore Signature of Debtor 1	Signature of Debtor 2
Date <b>June 27, 2018</b> Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Indiana

In re	TyLynn Walters Moore		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR D	EBTOR(S)			
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	650.00			
	Prior to the filing of this statement I have received			650.00			
	Balance Due		_	0.00			
2. \$	<b>335.00</b> of the filing fee has been paid.						
3. Т	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4. Т	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5. I	■ I have not agreed to share the above-disclosed compen	nsation with any other person	n unless they are mem	bers and associates of my law fi	rm.		
I	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				<b>L</b>		
6. 1	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
b c d	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> <li>e. [Other provisions as needed]</li> </ul>						
7. F	By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions purusant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.						
		CERTIFICATION					
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement fo	or payment to me for i	epresentation of the debtor(s) in			
Jı	une 27, 2018	/s/ Steven J. Gla	ser				
	ate	Steven J. Glaser	Steven J. Glaser 15173-02				
		Signature of Attorn Glaser & Ebbs	ney				
		132 E Berry St					
		Fort Wayne, IN 4	l6802 ax: 260-424-6529				
		Name of law firm	un. 200-724-0323				

(6/2010	)								
		United States Bankruptcy Court Northern District of Indiana							
In re	TyLynn Walters Moore		Case No.						
		Debtor(s)	Chapter						
VERIFICATION OF CREDITOR MATRIX  The above-named debtor(s) verifies under penalty of perjury that the attached list of creditors is true and correct to the best of nis/her knowledge.									
Date:	June 27, 2018	/s/ TyLynn Walters Moore TyLynn Walters Moore							

Signature of Debtor

ALLEN COUNTY TREASURER PO BOX 2540 FORT WAYNE, IN 46801

ALLIED HOSPITAL PATHOLOGISTS 4245 RELIABLE PARKWAY CHICAGO, IL 60626-0001

AMERICAN ELECTRIC POWER PO BOX 24407 CANTON, OH 44701-4407

BEST BUY CREDIT SERVICES/CITIBANK NA PO BOX 9001007 LOUISVILLE, KY 40290

CITY UTILITIES
CITIZENS SQUARE
200 E BERRY ST STE 930
FORT WAYNE, IN 46802

CLI SURGERY CENTER 7747 W JEFFERSON BLVD FORT WAYNE, IN 46804

DOYLE & FOUTTY 41 E. WASHINGTON STREET, STE 400 INDIANAPOLIS, IN 46204

HELVEY AND ASSOCIATES 1015 EAST CENTER STREET WARSAW, IN 46580

IC SYSTEM
PO BOX 64378
SAINT PAUL, MN 55164

INTERRA CREDIT UNION PO BOX 727 GOSHEN, IN 46527

MONI ALARM SYSTEM PO BOX 814530 DALLAS, TX 75381

NATIONSTAR MORTGAGE 4000 HORIZON WAY STE 100 IRVING, TX 75063

NIPSCO PO BOX 13010 MERRILLVILLE, IN 46411-3013

PARKVIEW HEALTH PO BOX 5600 FORT WAYNE, IN 46804

PARKVIEW HEALTH PHYSICIANS PO BOX 5600 FORT WAYNE, IN 46895

PROFESSIONAL EMERGENCY PHYSICIANS 3640 NEW VISION DRIVE #A FORT WAYNE, IN 46845

SOUTHWEST CREDIT 4120 INTERNATIONAL PARKWAY SUITE 1100 CARROLLTON, TX 75007-1958